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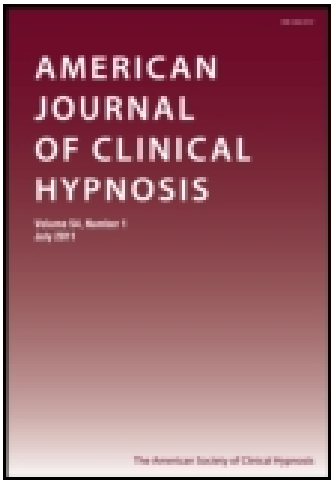

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The new American Psychological Association definition of hypnosis (Elkins, Barabasz, Council, & Spiegel, 2015), complete with definitions of the hypnotic induction, hypnotizability, and hypnotherapy, is a welcome and refreshing departure from the previous definition (Green, Barabasz, Barrett, & Montgomery, 2005). At last, we have a definition that is parsimonious, coherent, and allows for alternative theories. Adding the definition of hypnotizability highlights that a primary feature of hypnotic phenomena concerns how reliably hypnotic ability can be measured. The measurement of hypnotizability precedes the measurement of intelligence (Bowers, 1988; Geiger, Peter, Prade, & Piesbergen, 2014; Költő, Gősi-Greguss, Varga, & Bányai, 2014; Mohl, 2013). Hypnotizability is the preferred term both nationally (Christensen, 2005) and internationally (Munson, Trenkle, & Gallawa, in press). Also important is the new definition's recognition that hypnosis is a state of consciousness, at long last acknowledging decades of research from nearly a dozen labs worldwide, published in the top journals in psychology, psychiatry, and hypnosis specialty (Facco et al., 2014; Kallio & Koivisto, 2013; Rominger, Weiss, Nagl, Niederstätter, Parson, & Papousek, 2014). As Spiegel (2005) points out, since "we use our brains to do everything (most of us do, anyway)," there will be neural correlates of much human activity including hypnosis (p. 31). Notably, the new definition does not preclude in any way the need to study how much variance in hypnotic experience might be influenced by social-psychological factors.

Unfortunately, the new definition, like those preceding it, fails to specifically recognize the occurrence of spontaneous hypnosis (Barabasz, 2005/2006). As Spiegel and Spiegel (2004, pp. 3–6) explain, alterations in human awareness occur all of the time. Almost everyone commonly daydreams, where there is vivid imagery to the point of becoming unaware of surrounding stimuli. Intense concentration in work or play maximizes focal awareness, and many individuals have had the experience of listening to a lecture, watching a play, or a movie to discover afterward they had been so absorbed and focused that they required time to reorient back to the real-world setting. Barabasz

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(1980) as well as Spiegel and Spiegel (2004, p. 5) noted that individuals spontaneously can undergo fugue states during waking hours in which they experience "islands of time" or dissociative states inaccessible by conscious recall.

In a previous study (Barabasz, 1980) conducted on enhancement of hypnotizability, as a consequence of Antarctic isolation, it was observed and reported from the New Zealand researchers and workers at Scott Base about entering fugue states from time to time where they would find themselves in a part of the base complex not recalling how they got there or what had happened during the previous 45 minutes to several hours.

Exposure to a traumatic event is another common excitation leading to spontaneous hypnosis. As Spiegel (1988) elucidates, "there is a sudden temporary alteration in the normally integrative functions of consciousness, identity, or motor behavior" (p. 21). Similarly, Barabasz and Watkins' (2005, pp. 177–179) Subject–Object Technique for deepening hypnosis creates an out of body experience. Similarly, the apparent spontaneous hypnosis, as reported by many rape victims, "includes out of body experiences in which they float above their own bodies feeling sorry for the person who's being sexually assaulted" (Spiegel, 1988, p. 22).

Entry into hypnosis is commonplace for persons of average or above average hypnotizability (Barabasz, 2005/2006). Josephine Hilgard's (1979) text includes several chapters explicating spontaneous hypnosis as a part of everyday life for hypnotizable persons. Examples can range from severe trauma to simple highway hypnosis, where an individual reports "missing" recognition of traveling miles down the road and wondering how they got where they are when normal waking consciousness is recovered. This is, of course, another example of dissociation, where part of one's conscious is still devoted to driving the car. The hypnotic trance state falls on a continuum (Spiegel & Spiegel, 2004, p. 11) with the normal waking consciousness. Individuals with trance capacity commonly slip in and out of trance states (students exposed to our class lectures attest to this).

Hypnosis occurs with or without a social context. A definition that fails to include spontaneous hypnosis gives researchers "license" to fail to experimentally control for the potential influence of this variable on their findings gleaned from subjects in "non-hypnotic conditions." Obviously, faulty conclusions about the role of hypnosis may be reached. The final investigation of our series of EEG event-related potential (ERP) studies of alert hypnosis using a blocking hallucination (Barabasz, 2000) is salient. This study used Orne's (1979) real-simulator design to tease out any variance that might be accounted for by social influence. Our informed consent, approved by the university's institutional review board, used separate consents for the hypnosis and "suggestion only" conditions. Consistent with previous studies (Barabasz, Barabasz, Jensen, Calvin, Trevisan, & Warner, 1999), only the hypnotizable subjects showed a statistically significant attenuation of their ERPs in response to the hypnotic induction condition plus suggestion for the blocking hallucination in contrast to the identical suggestion alone. What is critically important to the spontaneous hypnosis discussion is that a single

subject out of the five high hypnotizables provided equivalent (not significantly different) ERPs to both conditions. The independent post-experimental inquiry, conducted by an investigator not involved in any other aspect of the experiment, revealed that this subject spontaneously entered hypnosis in both the hypnotic and non-hypnotic conditions. If by chance two of these five high hypnotizables responded in this manner, and if the potential of spontaneous hypnosis was not addressed by a post-experimental inquiry or simply ignored by a lacking experimental design, a faulty conclusion about the equivalence of the hypnotic and the "non-hypnotic" conditions would have been reached. The hypnosis literature is littered with studies that ignore potential occurrences of spontaneous hypnosis. Thus, their conclusions about the equivalence of hypnotic and non-hypnotic responses have been misleading researchers and clinicians for decades.

Looking beyond research design issues, clinicians should also be aware of the occurrence of spontaneous hypnosis. Herbert Spiegel and David Spiegel (2004, p. 11) note, "It is naïve for a clinician to assume that if he or she is not formally using hypnosis it does not occur." Furthermore, much of the literature intended to inform clinicians coming from university hypnosis labs is biased by subject selection. Research subjects that are drawn from normally functioning volunteer students are clearly not representative of most of the patients that we see in our clinical practices. Unless we get specific permission to use a diagnosed patient population, as in recent studies on the efficacy of abreactive hypnosis in the treatment of post-traumatic stress disorder (PTSD) (Barabasz, 2014; Barabasz, Barabasz, Christensen, French, & Watkins, 2013; Christensen, Barabasz, & Barabasz, 2013), we are typically required to use only subjects that have no history of psychological difficulties. Additionally let us recognize that patients we see in our practices are people in times of stress when spontaneous trance states are far more likely to occur (Ewin, 2009, p. 30; Lang & Laser, 2009, p. 9). Let us keep spontaneous hypnosis in mind, rather than missing in action (MIA), as we use the new definition to inform our patients and students.

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